

# NASA - MSFC Confined Space Entry Permit

Permit Number: \_\_\_\_\_

Location/Description of Space: \_\_\_\_\_

Organization Performing Entry: _____	Entry Date: _____	Entry Time: _____	Time Permit Expires: _____
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Purpose of Entry: \_\_\_\_\_

Primary Entry Supervisor: _____	Phone Number: _____
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Entry Attendants: \_\_\_\_\_

Authorized Entrants	Training Expiration	Time In	Time Out	Authorized Entrants	Training Expiration	Time In	Time Out

## ENTRY HAZARDS (Check all that apply)

### HAZARDS OF THE SPACE:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Oxygen Deficiency  | <input type="checkbox"/> Oxygen Enrichment                  | <input type="checkbox"/> Flammable Gases / Vapors | <input type="checkbox"/> Airborne Combustible Dust |
| <input type="checkbox"/> Corrosives         | <input type="checkbox"/> Noise                              | <input type="checkbox"/> Engulfment               | <input type="checkbox"/> Electrical Shock          |
| <input type="checkbox"/> Mechanical Hazards | <input type="checkbox"/> Toxic Gases / Vapors (List): _____ |   |  |

### HAZARDS FROM WORK PROCEDURES:

- ☐ Cleaning   
 ☐ Hot Work   
 ☐ Painting   
 ☐ Scraping / Sandblasting   
 ☐ Other: \_\_\_\_\_

### PRE-ENTRY PROCEDURES (CHECK WHEN COMPLETE, ENTER N/R IF NOT REQUIRED):

Isolation: ☐ External Barrier   
 ☐ Lockout / Tagout   
 ☐ Blank / Blind   
 ☐ Purge / Clean   
 ☐ Inert  
☐ Other: \_\_\_\_\_

Ventilation: ☐ Initial (30-minute minimum) Method: \_\_\_\_\_   
 ☐ General Ventilation Maintained

## ATMOSPHERIC RESULTS

Test	Acceptable Level	Initial Reading Time: _____	Next Reading Time: _____	Next Reading Time: _____	Next Reading Time: _____	Next Reading Time: _____	Next Reading Time: _____
Oxygen Content	19.5% - 23.5%						
LEL	0%						
Toxic Gas (List)	0%						
	0%						
Tester's Initials							
Env. Health							
Ind. Safety Initials							

Atmospheric Testing Eq'mt:	Brand/Model: _____	NEMS/Serial No.: _____	Calibration Expiration Date: _____
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## REQUIRED EQUIPMENT (Check when complete, enter N/R if not required)

- |   |   |
|---|---|
| <input type="checkbox"/> Full Body Harness  | <input type="checkbox"/> Respiratory Protection, type: _____        |
| <input type="checkbox"/> Lifeline           | <input type="checkbox"/> Protective Clothing, type: _____           |
| <input type="checkbox"/> Hoisting Equipment | <input type="checkbox"/> Atmospheric Testing Equipment, type: _____ |
| <input type="checkbox"/> Wristlet Harness   | <input type="checkbox"/> Communication Equipment, type: _____       |
| <input type="checkbox"/> Temporary Lighting | <input type="checkbox"/> Non-Sparking Tools, type: _____            |
| <input type="checkbox"/> Signs / Barriers   | <input type="checkbox"/> Other (specify): _____                     |

## OTHER REQUIREMENTS

Other Permit Required: ☐ Full Body Harness   
 ☐ Hazardous Operation   
 ☐ Other (specify): \_\_\_\_\_  
 Method of Communicating with Entrants: ☐ Visual   
 ☐ Voice   
 ☐ Radio   
 ☐ Other (specify): \_\_\_\_\_  
 Method of Contacting Emergency Services: ☐ Phone (No.): \_\_\_\_\_   
 ☐ Radio   
 ☐ Fire Alarm

## APPROVAL / CANCELLATION OF PERMIT

Conditions Approved for Entry, signature of Entry Supervisor: _____	Time: _____
Transfer of Duties, signature of new Entry Supervisor: _____	Time: _____
Transfer of Duties, signature of new Entry Supervisor: _____	Time: _____
Cancellation of Entry Permit, signature of Entry Supervisor: _____	Time: _____
Reason for Cancellation: <input type="checkbox"/> Work Complete <input type="checkbox"/> Other (explain): _____	